## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying		
Carlo			pap hav	ers. Each additional page e its own certificate of m	er, such as an assignment	it or formal drawing, must
32074 INTERNATIO DEPT. 18G BLDG. 321-482 2070 ROUTE 5	NAL BUSINESS	MACHINES CO	RPSRATION 11	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
	INCTION, NY 125	33 REP MAR 2	ا (ع در			(Depositor's name)
		图(	8 2011 8			(Signature)
		C. A.	#/ L			(Date)
APPLICATION NO.	ATION NO. FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/596,569 06/16/2006 Levent Gulari FIS920030182US1 7980 TITLE OF INVENTION: THREE-DIMENSIONAL SILICON ON OXIDE DEVICE ISOLATION						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/29/2011
EXAN	INER	ART UNIT	CLASS-SUBCLASS	03/29/2011	SMOHAMM1 00000025	090458 10596569
HA, NATHAN W		2814	438-475000	01 FC:1501	1510.00 DA	
CFR 1.36.3).  Change of correst Address form PTO/S Address form PTO/S I "Fee Address" ind PTO/SB/47: Rev 03-Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSINTERNATION MACHINES Please check the appropri	incation (or "Fee Address 22 or more recent) attack  ND RESIDENCE DATA less an assignœ is ident in 37 CFR 3.11. Comp  GNEE  BUSINE  CORPORATIO  inter assignee category or	Indication form med. Use of a Customer  A TO BE PRINTED ON a lifted below, no assignee election of this form is NO	or agents OR, alternation of a single registered attorney or a 2 registered attorney or a 2 registered patent attornisted, no name will be the PATENT (print or type data will appear on the part a substitute for filling an (B) RESIDENCE: (CITY ARMONK	3 registered patent atte vely, e firm (having as a men agent) and the names of meys or agents. If no na printed.  >>) atent. If an assignee is assignment.  and STATE OR COUN	ther a 2 JOSEP up to me is 3 identified below, the do	CH PETROKAIT  current has been filed for  apentity Government
Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-04-58 (enclose an extra copy of this form).			
	tus (from status indicated s SMALL ENTITY statu		b. Applicant is no lon	per claiming SMALL F)	NTITY status See 37 CF	R 1 27(a)(2)
			from anyone other than t	he applicant; a registered	attorney or agent; or the	assignee or other party in
Authorized Signature Typed or printed name	JOSEPH	PETROKAI	<i>7)S</i>	Date	1-10-11 38,99:	by the USPTO to process) gathering, preparing, and w you require to complete timent of Commerce, P.O. or Patents, P.O. Box 1450,
this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ons for reducing this but irginia 22313-1450. DO 13-1450.	den, should be sent to the NOT SEND FEES OR (	Chief Information Office COMPLETED FORMS TO	r, U.S. Patent and Trade O THIS ADDRESS. SET	mark Office, U.S. Depar ND TO: Commissioner fo	tment of Commerce, P.O. or Patents, P.O. Box 1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.